

# STATEMENT OF UNDERSTANDING

NAME:

SSAN:

Position:

Current Tour Dates:

## INITIAL

\_\_\_\_\_ I have read and understand the Personnel Guidelines.

\_\_\_\_\_ I have read and understand the Written Guidance.

\_\_\_\_\_ I have read and understand the leave policy for the Counterdrug Program. I understand that I will not bring any leave from any previous ADSW or Active Duty Tours to the Counterdrug program. I also understand that I must use all leave prior to the end of my current orders. NO leave will be carried over to the next fiscal year.

\_\_\_\_\_ I understand that I must take the training and enroll in the DTS program and apply for a government travel card if I have not done so already.

**The signature below reflects an understanding of all policies, procedures, and standards set forth in the CD personnel doctrine that define the terms of continued employment. It is further understood that the Director, Counterdrug Division and his superiors reserve the authority to terminate active duty/special work orders based upon their discretion.**

**I accept the position offered with the Counterdrug Program and will adhere to the guidance set forth.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

**Date:** \_\_\_\_\_